

Information Release Authorization

Use this form to authorize the release of account information to a third party, such as your financial planner.
Type or print in dark ink, sign, date, and return to DRS.

Member Information

Last name	First name	Middle name	Social Security Number

Retirement System - Check the retirement system AND plan number (1, 2 or 3) for which you wish to release information. If you belong to more than one system, you must complete a separate form for each system.

Check one: <input type="checkbox"/> Public Employees' <input type="checkbox"/> Judicial	<input type="checkbox"/> State Patrol <input type="checkbox"/> Teachers'	<input type="checkbox"/> Law Enforcement Officers' & Fire Fighters' <input type="checkbox"/> School Employees ' (non-teachers)	Check one: <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3
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Member Statement

I authorize _____ to receive my account balance or any other information regarding my account indicated above.

I realize that this individual must provide my Social Security Number before receiving any information and that this authorization will remain in effect until a written document revoking the authority is provided to DRS.

Member signature

Date

This form requests that you provide your Social Security Number. Internal Revenue Code Sections 6041 (A), and 6109 authorize the Department of Retirement Systems (DRS) to solicit your Social Security Number.

- The disclosure of your Social Security Number to DRS is mandatory.
- DRS will use your Social Security Number to ensure that any amounts disbursed under your account are properly reported to the Internal Revenue Service and as a reference number for tracking all data with regard to your retirement account.
- DRS will not disclose your Social Security Number to any party unless required by law.

